



**FIRST STEPS EARLY INTERVENTION SYSTEM
RELEASE OF INFORMATION**



I, _____,
Parent/Legal Guardian Name

give my informed consent for:

Individual/Agency Name

Address/Phone Number

to share information with the First Steps Early Intervention Service System regarding

_____,
Child's Legal Name D.O.B.

The purpose of the requested information is to determine eligibility &/or to ensure the development of an IFSP and provision of Early Intervention Services by the Missouri First Steps system.

This consent includes the following types of information: (as checked v)

- ____ Any and all health/medical/dental records
____ Any and all assessment/evaluation records/reports
____ Other: _____

The requested information should be sent to:

Individual/Agency Name

Street Address

City State Zip Code

I understand this consent is effective for a period of twelve (12) months from the date of my signature unless I revoke consent prior to the end of that period. I further understand that any information received through this release will be maintained in my child's Early Intervention record by the Missouri First Steps System in accordance with state and federal regulations implementing the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA).

Signature (Parent/Legal Guardian)

Date

Missouri First Steps Release of Information

Instructions for Completion

First Steps Intake and Service Coordinators often need to request information to assist in making eligibility determinations, planning for the development of the IFSP, and/or providing early intervention services. The Family Educational Rights and Privacy Act (FERPA), incorporated by reference in the Individuals with Disabilities Education Act (IDEA), requires that the parent's signed and dated written consent be obtained in order for the First Steps System to receive medical and educational information from individuals and agencies outside of the First Steps system in order for the First Steps system

A Release of Information form should be completed for each individual/agency from which it has been determined information needs to be obtained. Please note that this release is **ONLY** for individuals/agencies **OUTSIDE** of the First Steps System from whom information needs to be obtained. FERPA does not require that parental consent be obtained in order for those individuals within the system (SPOE staff, the child's Service Coordinator(s), the child's Service Provider(s), the CFO, the DESE) to share information with one another.

Generally, consent is valid for 12 months from the date of the parent's signature. However, the parent may revoke their consent at any time. Should this be the case, the date of the request to revoke the consent should be documented on each consent form to which it applies.

All information obtained from the Individual/Agency listed on the consent becomes part of the child's Early Intervention Record and shall be maintained in accordance with state and federal regulations implementing FERPA and IDEA.

To complete:

- Enter the name of the parent/legal guardian giving consent. Only one parent needs to sign.
- Enter the name/address/phone number of the Individual and/or Agency from whom you are requesting information
- Enter the child's legal name and Date of Birth
- Indicate by placing a check in front of all of the types of records/information that you are requesting. If "other" specifically identify what information you are requesting
- Indicate the name of the individual and/or agency & address where the records/information should be sent
- Have the parent sign and date (m/d/y)